



**2 East Sandusky Street
Fredericktown, Ohio 43019
740-694-9010 | Fax 740-694-9032
fredericktownohio.net**

APPLICATION FOR WATER and WASTEWATER TAPPING PERMIT

Account Number _____ Application Number _____

Service Address _____ Date of Application _____

Owners Name _____ Phone Number _____

Billing Address _____

Work to be performed by _____

Proposed use of water Residential _____ Fire _____ Commercial _____ Other _____
(check all applicable uses)

Type of premise: Single Family _____ Multiple Family (No. of Units) _____ Number of Stories _____

Commercial _____ Purpose: _____

Size of proposed Water Tap _____ in. Water Tap Class (A, B) _____ Charge \$ _____

Size of proposed Sewer Tap _____ in. Sewer Tap Class (A, B) _____ Charge \$ _____

Additional Meter _____ Meter Size _____ in. Other Charges \$ _____ Charge \$ _____

Date Paid _____ Check # _____

AS THE OWNER OF THE ABOVE REFERENCED PROPERTY I HEREBY MAKE APPLICATION FOR WATER AND/OR SEWER SERVICE FROM THE VILLAGE OF FREDERICKTOWN'S WATER AND WASTEWATER DEPARTMENT. I FURTHER ACKNOWLEDGE THAT ALL OF THE INFORMATION IS TRUE AND AS THE OWNER OF THIS PROPERTY I AM RESPONSIBLE FOR ALL WATER AND SEWER CHARGES THAT MAY BE CHARGED AGAINST THIS PROPERTY FOR THE CONSUMPTION OR DISCHARGE OF WATER OR SEWER, WHETHER I AM RESIDING THERE OR AM ALLOWING ANOTHER PARTY TO OCCUPY THE PREMISES. I ALSO AGREE TO FOLLOW ALL RULES AND REGULATIONS OF THE VILLAGE OF FREDERICKTOWN'S WATER AND WASTEWATER DEPARTMENT.

SIGNATURE OF OWNER

PRINT NAME

DATE